

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Episode Completion Interview

Use this form for backup only. *Do not mail*. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

LME Assigned Consumer Record Number

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Please provide the following information about the individual:

1. Date of Birth

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|
| | | | | / | | | / | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

4. Individual County of Residence:

5. Please indicate reason for Episode Completion:

(mark only one)

☐ Completed treatment

☐ Discharged at program initiative

☐ Refused treatment

☐ Did not return as scheduled within 60 days

☐ Changed to service not required for NC-TOPPS

☐ Moved out of area or changed to different LME

☐ Incarcerated

☐ Institutionalized

☐ Died

6. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 7)

b. Current Global Assessment of Functioning Score

| | |
|--|--|
| | |
|--|--|

7. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

8. For Female Adult SA individual:

Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum? ☐ Y ☐ N

9. Is this consumer also a TASC client? ☐ Y ☐ N

10. For Adult SA individual:

Did this consumer receive or was expected to receive methadone treatment? ☐ Y ☐ N → (skip to 12)

b. What was the last methadone dosage in the 60 days prior to episode completion?

| | | |
|--|--|--|
| | | |
|--|--|--|

 mg (enter zero, if none and skip to 12)

c. For dosage level of Methadone greater than zero:

Please describe the current methadone dosing:

☐ Induction → (skip to 11)

☐ Stabilization → (skip to 11)

☐ Taper

d. For dosage level of Methadone greater than zero:

Is the methadone withdrawal voluntary or administrative?

☐ Voluntary ☐ Administrative

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 11.

11. For Adult SA and Methadone individual:

SA treatment participation and service units in the past 3 months (enter zero, if none):

a. Group sessions attended:

| | | |
|--|--|--|
| | | |
|--|--|--|

b. Individual/Family sessions attended:

| | | |
|--|--|--|
| | | |
|--|--|--|

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' answer 12.

12. How many weeks ago was the consumer last seen for treatment?

☐ Past week

☐ 2-4 weeks ago

☐ 5-8 weeks ago

☐ More than 8 weeks ago

13. For Adult SA individual:

Which, if any, of the following medications does this consumer take? (mark all that apply)

☐ Naltrexone ☐ Antabuse

☐ Buprenorphine ☐ None of these

14. Since the last interview, the consumer has attended scheduled treatment sessions...

☐ Rarely or never ☐ Sometimes ☐ All or most of the time

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15. For Adult SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted (enter zero, if none and skip to 16)

b. Number Positive (enter zero, if none and skip to 16)

c. How often did each substance appear for all drug tests conducted?

| | | | |
|---|---|---|---|
| Alcohol | THC | Opiates | Benzo. |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Cocaine | Amphetamines | Barbiturates | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |

16. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas?

(mark all that apply)

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Child care
- ☐ Medical care
- ☐ Screening/treatment referral for HIV/TB/HEP
- ☐ Legal issues

Section II: Complete items 17-31 using information from the individual's interview (preferred) or consumer record.

17. How are the next section's items being gathered?

(mark all that apply)

- ☐ In-person interview (preferred)
- ☐ Telephone interview
- ☐ Clinical record/notes

18. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

19. What best describes your current employment status?

(mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to 20)
- ☐ Part-time work (working less than 35 hours a week) → (skip to 20)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 20)
- ☐ Not in labor force (not seeking work)

b. If not seeking work, what best describes your current status?

(mark only one)

- ☐ Homemaker
- ☐ Incarcerated (juvenile or adult facility)
- ☐ Student
- ☐ Institutionalized
- ☐ Retired
- ☐ None of the above
- ☐ Chronic medical condition which prevents employment

20. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

- ☐ Never
- ☐ A few times
- ☐ More than a few times

b. recovery-related support or self-help groups?

- ☐ Never
- ☐ A few times
- ☐ More than a few times

21. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- ☐ Never
- ☐ A few times
- ☐ More than a few times

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22. In the past month, how would you describe your mental health symptoms?

- ☐ Extremely severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

23. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- ☐ No prescription
- ☐ All or most of the time
- ☐ Sometimes
- ☐ Rarely or never

24. In the past 3 months, how many times have you moved residences? (enter zero, if none and skip to 25)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 24b.

b. What was the reason(s) for your most recent move? (mark all that apply)

- ☐ Moved closer to family/friends
- ☐ Moved to nicer or safer location
- ☐ Needed more supervision or supports
- ☐ Moved to location with more independence, better access to activities and/or services
- ☐ Could no longer afford previous location or evicted

25. Currently, where do you live?

- ☐ Homeless
- ☐ Temporary housing → (skip to 26)
- ☐ Private or permanent residence → (skip to 26)
- ☐ Residential program → (skip to 26)
- ☐ Facility/institution → (skip to 26)
- ☐ Other → (skip to 26)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 25b.

b. If homeless, please specify your living situation currently.

- ☐ Sheltered (homeless shelter)
- ☐ Unsheltered (on the street, in a car, camp)

26. For Adult MH only individual:

In the past 3 months, have you used tobacco or alcohol?

- ☐ Y ☐ N

27. For Adult MH only individual:

In the past 3 months, have you used illicit drugs or other substances? ☐ Y ☐ N → (skip to 29 if 'No' is answered on both questions 26 and 27)

28. Please mark the frequency of use for each substance in the past month.

| Substance | Past Month - Frequency of Use | | | | |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not Used | 1-3 times monthly | 1-2 times weekly | 3-6 times weekly | Daily |
| Tobacco use (any tobacco products) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy alcohol use (>=5(4) drinks per sitting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than heavy alcohol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana or hashish use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine or crack use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heroin use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other opiates/opioids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Drug Codes

- | | |
|------------------------------|-------------------------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer |
| 7=PCP | 14=Barbiturate |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic |
| 9=Methamphetamine | 16=Inhalant |
| 10=Other Amphetamine | 17=Over-the-Counter |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) |

29. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter zero, if none)

30. Are you under the supervision of the criminal justice system? (adult or juvenile)

- ☐ Y ☐ N

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31. For Female Adult SA individual only:

Do you have children under the age of 18?

☐ Y ☐ N → (skip to 32)

b. Since the last interview, have you... (mark all that apply)

☐ Gained legal custody of child(ren)

☐ Lost legal custody of child(ren)

☐ Begun seeking legal custody of child(ren)

☐ Stopped seeking legal custody of child(ren)

☐ Continued seeking legal custody of child(ren)

☐ New baby born - removed from legal custody

☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect?

☐ Y ☐ N → (skip to g)

f. Was the investigation due to an infant testing positive on a drug screen?

☐ Y ☐ N ☐ NA

g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

Section III: Complete items 32-48 from the individual's interview only

32. Is the individual present for in-person or telephone interview?

☐ Y - Complete items 33-48

☐ N - Stop here

33. Females only: Are you currently pregnant?

☐ Y ☐ N ☐ Unsure
(skip to 34) (skip to 34)

b. How many weeks have you been pregnant?

| | |
|--|--|
| | |
|--|--|

c. Have you been referred to prenatal care? ☐ Y ☐ N

d. Are you receiving prenatal care? ☐ Y ☐ N

34. Females only: Have you given birth in the past year?

☐ Y ☐ N → (skip to 35)

b. For Adult SA individual:

How long ago did you give birth?

☐ Less than 3 months ago

☐ 3 to 6 months ago

☐ 7 to 12 months ago

c. Did you receive prenatal care during pregnancy? ☐ Y ☐ N

d. For Adult SA individual:

What was the # of weeks gestation?

| | |
|--|--|
| | |
|--|--|

e. For Adult SA individual:

What was the birth weight?

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

pounds

ounces

f. How would you describe the baby's current health?

☐ Good

☐ Fair

☐ Poor

☐ Baby is deceased → (skip to 35)

☐ Baby is not in birth mother's custody → (skip to 35)

g. Is the baby receiving regular Well Baby/Health Check services? ☐ Y ☐ N

35. Since the last interview, have you visited a physical health care provider for a routine check up?

☐ Y ☐ N

36. For Adult SA individual:

In the past month, if you have a sponsor, how often have you had contact with him or her?

☐ Don't have a sponsor

☐ Never

☐ A few times

☐ More than a few times

37. How supportive has your family and/or friends been of your treatment and recovery efforts?

☐ Not supportive

☐ Somewhat supportive

☐ Very supportive

☐ No family/friends

38. For Adult SA individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? ☐ Y ☐ N

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39. For Female Adult SA individual:

In the past 3 months, have you participated in any of the following activities without a condom being used?

had sex with someone who was not your spouse or

primary partner [or]

knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

☐ Y ☐ N

40. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

☐ Never ☐ A few times ☐ More than a few times

41. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

☐ Never ☐ A few times ☐ More than a few times

42. For Female Adult SA individual:

In the past 3 months, have you been forced or pressured to do sexual acts? ☐ Y ☐ N

43. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

☐ Never ☐ A few times ☐ More than a few times

44. Since the last interview, how often have you had thoughts of suicide?

☐ Never ☐ A few times ☐ More than a few times

45. Since the last interview, have you attempted suicide?

☐ Y ☐ N

46. In the past 3 months, how well have you been doing in the following areas of your life?

| | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or significant others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

47. In the past 3 months, have you...

a. had **telephone** contacts to an emergency crisis facility?

☐ Y ☐ N

b. had **visits** to a hospital emergency room?

☐ Y ☐ N

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)

☐ Y ☐ N

d. spent **nights** homeless? (sheltered or unsheltered)

☐ Y ☐ N

e. spent **nights** in detention, jail, or prison? (adult or juvenile system)

☐ Y ☐ N

48. How helpful have the program services been in...

a. improving the quality of your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. decreasing your symptoms?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

f. increasing your hope about the future?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

g. increasing your control over your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

h. improving your educational status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

i. improving your housing status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

j. improving your vocational/employment status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

End of interview

Enter data into web-based system:

<http://www.ncdhs.gov/mhddsas/nc-topps>

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)